MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0723	9		CERTIFICA	TE OF	DEATH			07	217
	PLACE OF DEATH a. COUNTY	Somerse	t	MARYLAND	2. US	UAL RESIDENCE (Where deceory 12 nd	sed lived, if institut b. COU		e before admission) omerset
	P. CITY OR TOWN (III	autside corporate limits give negrest tawn)		LENGTH OF STAY IN 16	c. CIT	Y OR TOWN (If or Crisfi		ite límits, write RU	RAL ond give	neorest town)
]	d. NAME OF HOSPITA McCready	or Institution (If no Memoria	t in hospital, give s L Hospi	treet oddress)	d. ST	REET ADDRESS 306 N.	Firs	st St.	/	e IS RESIDENCE ON A FARM? YES NO
1	NAME OF DECEASED (Type or print)	Ann		Middle M •		Lost Adams	4. DATE OF DEATH	Mon Mar		Doy Year 18 19 6
7.1	sex Female	6. COLOR OR RACE White	7. MARRIED WIDOWED 3.	NEVER MARRIED DIVORCED		of BIRTH 22, 18		AGE (In years plast birthday) yrs.	IF UNDER 1 Months	YEAR IF UNDER 24 H Days Hours M
10c	LUSUAL OCCUPATION	(Give kind of wark dane ie, even if retired)	10b. KIND C	DE BUSINESS OR		RTHPLACE (County		reign country)	12. CIT US.	IZEN OF WHAT
	FATHER'S NAME				14. A	NOTHER'S MAIDEN	NAME			
		Stevenson				allie St	erling			
(Y	es, na, ar unknawn)	IN U.S. ARMED FORCES? If yes give wor or dates a	f service)		. INFORM		0.121	Addr		
N	0	None ATH (Enter only one cou	No		rs.	rginia	Catli	n, Same	as 2.	abcd INTERVAL BETWEEN
	Conditions, if any, rise to immediate stoting the under last.	which gave cause (a). DUE	10 (b) <u>Hes</u> 10		of the	· leros	15			ONSET AND DEATH
CERTIFICATION	20g. ACCIDENT WAS			BE HOW INJURY OCCURRI						PERFORMED? YES NO
	OR CONTRIBUTING ((IF EITHER, NOTIFY A	CAUSE OF DEATH MEDICAL EXAMINER)			,					
MEDICAL	Hour a.m p.m	. 19	While at work	Nat While at work	actory, stre	IJURY (Hame, farr et, affice bldg., etc.	.)	, , , , , , , , , , , , , , , , , , , ,	(Cau	
	21. I certifi saw the de	y that (1) (this has ceased alive an	oital) attended	the deceased fram	hat deat	h occurred at	19	a I, from causes	and on th	_ , that (I) (we) e date stated ob
	22o. SIGNATURE	Cero	Rawle	57 1	M.D. PH		MED. DIRECTOR	STAFF PHYS.	ונ	TE SIGNED
	22c. PHYSICIAN'S NAME (Type)	C. G.	Rawley,	M.D.	2	d. ADDRESS Cri	sfiel	ld, Mar	yland	l
B	BURIAL, CREMATIO REMOVAL (Specify)	May 20		Sc. NAME OF CEMETERY OF CEMETE		ery	Cri	CATION (City or To	Md.	(County) (State)
	I. FUNERAL DIRECTOR	Cone Cni	efield h	ADDRESS			D BY REGISTE	RAR 25b. RI	EGISTRAR'S SI	GNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

A Start and the second matical Life total Service piles derivité de la particular termination of the state of the All and the second of the seco

death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complementing in by the funarel director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial, cremation, or removal, and in any event, within 72-hours after death. The law requires that the death certificate be executed within 24 TO HOSPITAL OR ATTENDING PHYSICIAN:

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 97240

								UI	618	
1. PLACE OF DEATH					2. USUAL RESID	ENCE (Where d			ince before e	dmission
Son	nerset		MARYL	AND	e. STATE Ma	ryland	b. COUN	Some	rset	
b, CITY OR TOWN (if	outsida corporate lim giye neerast town)	ilts,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOY	VN (If outside cor	porate limits, write	RURAL and give	nearest tow	rn)
Ma:	rion Stati		Adult lif		Ma	rion Sta	tion	19.	1	
d. NAME OF HOSPIT	AL OR INSTITUTION	(if not In ho	spital, give street addres	ss)	d. STREET ADDR	ESS		4-4-		ESIDENCE A FARM?
Ow:	n home				RF	D #1			YES A	
3. NAME OF DECEASED	Firs	1	Middle		Last	4. DATE	Month	De	Year	r
(Type or print)	GEOR	GE	HENRY	1	BLAKE	DEAT	н Мау	18	19	67
5. SEX	6. COLOR OR RACE	7. MARRI	D NEVER MARRIED	П В.	DATE OF BIRTH	1	9. AGE (In years		IF UNDER	24 HRS.
Male	White	WIDOW			n 30, 189	4	73 yrs.	Months Deys	Hours	Min.
10e. USUAL OCCUPATI	ON (Give kind of wor	rk 10b. F	IND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (County & Stele, o	r foreign country)	12. CITIZEN	OF WHAT C	OUNTRY
Carpenter	any nie, even il felle		uilding		Maryland	l		USA		
13. FATHER'S NAME				1	14. MOTHER'S MAIL	DEN NAME		-		
John Blake	8				Laura Wa	rd				
15. WAS DECEASED EVE (Yes, no, or unknown) (If	R IN U.S. ARMED FO	RCES7 16.	SOCIAL SECURITY NO	. 17. IN	FORMANT		Address			
Yes	WW 1		18-05-8807	Mrs	Nina Bla	ke. Same	as 2. s	abed		
18. CAUSE OF D	EATH [Enter only on	e ceuse per	line for (e), (b), end (c).	1	44			1 1	NTERVAL BET	
	WAS CAUSED BY, MMEDIATE CAUSE (a)	My	cardial :	infa	rction				12 h	
W.901.	DUE TO			***						_
Conditions, if any,	which) (b))								
gave rise to immedia	te ceuse									
(e), steting the un causa lest.	darlying									
PART II. OTHER			TRIBUTING TO DEATH	BUT NOT	RELATED TO THE TE	RMINAL DISEASE	CONDITION GIV	EN IN PART 1(e)	19. WAS A	UTOPSY
ATK										RMEO?
PART II. OTHER OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING		20b. DE	SCRIBE HOW INJURY O	CCURRED	. (Enter nature of Inju	ry in Pert I or Par	t II of item 18.)	-		
OR CONTRIBUTING	MEDICAL EXAMINER									
ZDc. TIME OF INJUR	Y Month, Day, Ye	per 20d.	INJURY OCCURRED 2		E OF INJURY (Home,		ty or lown)	(County)	- ((Stete)
2Dc. TIME OF INJUI	19	While et wo		factor	y, street, office bldg.	, etc.)				
- Perme		1	ded the deceased	from	Aug. 5	1066 10	May 4	10 67	7thm (1) (Laur Inc
	ed alive on Ma		1967 and			Al from	n the causes a	and on the da	te stated	above.
220. SIGNATURE			/2	d Illai t	legili occurred a		1110 640303 6	2110 011 1110 01		DATE
	d	9/2	wen	м.0	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		5/22	SIGNED
22c. PHYSICIAN'S				Mic	22d. ADDRESS				11 66	/ 0]_
NAME (Type)	C. G. R	awley	M. D.			Crisfiel	ld, Md.			
a princer appreciation	ON, 236. DATE THE	REOF	23c. NAME OF CEN	AETERY O	R CREMATORY	23d. LOC	CATION (City, los	wn or county)	(\$1	tete)
23a. BURIAL, CKEMAIR	1	4060	Amond on a	Locie	on Compton					
REMOVAL (Specify)	May 20,	1907	American .	TORY	MI COME CEL	A OT. TS.	SI TOTAL	id.		
REMOYAL (Specify) BUT181 24 FUNERAL DIRECTOR		1907	American	TeRT		-	Sfield, N		ATURE	
Burial (Specify)	S SIGNATURE		AODRESS	regr	25a.	-	STRAR 256. REG			-

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE		07241		ME	DICAL EXAM	INER'S	CERTIFICATE (OF DEATH		072	19
HEALTH DEPT.		PLACE OF DEATH					2. USUAL RESIDENCE	Where deceased live		Residence before	odmission)
3 to Page Page ent of leath.		D. COUNTY	Somerset		N	ARYLANO	o. STATE Ma:	ryland	b. COUNTY	Somer	set
delay and 3 A3. Pag ment	-	b CITY OR TOWN (f outside corporate limit	5,	C. LENGTH OF ST		c CITY OR TOWN (If o	0	ts, write RURAL o		
PM3.		write RURAL and	give nearest town)		1 Day	7		ion Stat			19.1
2, Pa			AL OR INSTITUTION (If n	et in hospito		/	d. STREET ADDRESS	TOH SCAL	11011	1 e.	IS RESIDENCE
# - E 0 5 44			Memoria					4.4		V	ON A FARM?
th for hotel	7	NAME OF		1 1102	Middle		Box Lost	11 4. DATE	Month	Ooy	
24 hours after death. If any delay is in Item 18. Give Pages 1, 2, and 3 to r's Office along with form PM3. Page as I and 2 with the State Department of my event within 72 hours after death.	-	DECEASED			Simplini		-740	OF			Year
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-	(Type or print)	Jos 6. COLOR OR RACE	7. MARRIE	D NEVER MAR	nico (TER	Blue B. DATE OF BIRTH	DEATH	May (In yeors IF	14 UNOER I YEAR	1967 IF UNDER 24 HRS.
B B B						23		last		onths Ooys	Hours Min.
hours tem 1 Office ond 2 event		lale	Negro	WIOOWE		CEO	Aug. 7,19	do /	Yrs.	10 CITIZEN OF	nine v
hours Office ooffice	qui	ng most of working	(Give kind of work done life, even if retired)		KINO OF BUSINESS OF		11. BIRTHPLACE (Stote	-		12. CITIZEN OF COUNTRYS	NHAL
24 in ir's es]		Clerk		Gr	ocery s	core	Mary			USA	k
within 24 hours pencil in Item 18 xaminer's Office of ile pages I and 2 y nd in any event	13.	FATHER'S NAME					14. MOTHER'S MAIOEN				
Exan Exan File and			e Blue				Prisci	lla Ster			
ed v in l in l Ex	15. (Ye	WAS OFCEASED EVE	R IN U.S. ARMED FORCES?	of service)	6. SOCIAL SECURITY N		INFORMANT		Address		
should be executed within 24 hours after death. If a ward "pending" in penal in Item 18. Give Pages 1, to the Chief Medical Examiner's Office along with form burial-tronsit permit. File pages Tond 2 with the State Demotion, or removal, and in any even writhin 72 hours	,	No	(If yes give war or dotes i	21	6-44-824	14 Pr	iscilla S	. Blue	Mar	ion, M	d.
Me Me		1B. CAUSE OF DE	ATH (Enter only one cou								VAL BETWEEN
be hief		PART I, UEAT	H WAS CAUSED BY: IMMEDIATE CAUSE	(o) H	emorrhag	e in	to right t	temporal	and	UNDE	T ANO OFATH
ote should g the word ed to the Ch s o buriol-tra cremotion,		330x	OUE	TO TO	arietal	lobe	and venti	ricle fr	om		
		Conditions, if ony, rise to immediate					enital and			12	hrs.
the the rem		stoting the under			T			D			
fico ing rdec os ol, c		lost.		(c)							
s certificate should by writing the ward farwarded to the Ch used as a burial-tra burial, cremotion,	N.	PART II. OTHER SIG	GNIFICANT CONDITIONS	ONTRIBUTING	TO OFATH BUT NOT	RELATED TO	THE TERMINAL OISEASE CO	NOITION GIVEN IN P	'ART 1(0)	19. V	VAS AUTOPSY ERFORMEO?
	CERTIFICATION									YES	
d b	TIE	20o. EXTERNAL CA PRIMARY ☐ or COI		20b.	OESCRIBE HOW INJUR	OCCURREO	(Enter noture of injury in	Port I or Port II of	item 18.)		
INER: This should be files. 3 should be asked by the should be asked by the should be asked to the should be the s	CER	CAUSE OF OFATH.	ALKIBUTING [1]								
EXAMINER: This cute the certificate, oge 4 should be for your files. Page 3 should be used ogent, prior to be defended on the column of the co	MEDICAL	20c. TIME OF INJU	IRY Month, Ooy, Year		INJURY OCCURRED		CE OF INJURY (Home, for		or town)	(County)	(Stote)
▼ @ @ O O O	ME	Hour o.n	10	Wh	ile Not While of work] foct	tory, street, office bldg., etc	.)			
Epreal EXA		21. I certify	that I tack chara	_	1.12	abave, he	eld an Autapsy 🕱,	Inspection	7, Inquiry	X. and i	in my opinian
exector. Programme grant		death result		al causes			ide . Homicide		rmined mann	Produced	ii iii opiiiidii
REC estine			A n	*/	A		CHIEF MEDICA	Bangard /	Thirtes Them	-1	
S D de d S		ACTUAL SIGNATURE	(1 4	120	curtey.		M.O. ASSISTANT ME	OICAL EXAMINER		- 22	6/67
EPUTY MEDICA ssory, please e funeral director by be retoined NERAL DIRECT th or its design		EXAMINER'S						AL EXAMINER	.		
O DEPUTY MEDICAL Enecated the funeral director. Po 5 may be retained for 0 FUNERAL DIRECTOR: Health or its designate		NAME (Type)	C. G. R	awley	, M. D.		The state of the late of the l	t, city, town, or cou	nty) Cris	field,	Md.
o Di the o Fu Heal	230	BURIAL, CREMATIC			23c. NAME OF C	EMETERY OR	CREMATORY		(City or Town)	(County)	(Stote)
E 0	E	Burial Pecify	5/17/	67	Langfor	rd Cer		Mari		Som.	Md.
A	24	FUNERAL OFFECTO	R		ADDRESS		2So. REC	O BY REGISTRAR	25b. PESIST	AR'S AGNATURE	idge
VR A15ME (S	1	Jorma Wa	rd		Marion	. bM	AMA A	Y 2 2 196	11	0	U

ci los yet THE DESCRIPTION OF BELL STREET CHILDREN AND SHOP IN THE hours after death.

CERTIFI	CATE	Λ
CEKTIFI	CATE	V

0.8 % 3		CERTIFICATI	L VI DEITHI		0.4660
o. COUNTY	Somerset	MARYLAND	O STATE		ution: Residence before admission) UNTY Somerset
b. CITY OR TOWN write RURAL ar	(If autside corparate limits, d give gegrest town)	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If or		RURAL and give nearest town)
	TAL OR INSTITUTION (If not in haspital Own home	, give street address)	d. STREET ADDRESS		e. IS RESIDENCI ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First DORA	Middle GERTRUDE	Last BRIMER		onth Day Year 15 19 67
s. sex Female	6. COLOR OR RACE 7. MARRIE WIDOWE	NEVER MARRIED	B. DATE OF BIRTH April 1, 18	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 H Months Doys Hours M
10a. USUAL OCCUPATION during most of working HOUSEWII	N (Give kind of work dane 10b. life, even if retired)	KIND OF BUSINESS OR INDUSTRY		& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George Ev	ans		14. MOTHER'S MAIDEN Georgiann		
TO MUNE DEFENCED OF	ER IN U.S. ARMED FORCES?		informant	Evans, Same	dress as 2. abcd
	EATH (Enter anly one couse per line) ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	ar(a), (b), and (c).	ailure		INTERVAL DETWEE
Canditians, if an rise to immedia stating the und last.	te couse (a),	rdio vascu	lar-red	al diseas	Le 15 year
PART II, OTHER	CONTRIBUTIONS CONTRIBUTION	melli	tus, e	browie.	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTIN	G 🗆 CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED	aport	lent	
문 Hour o	m. Nouse of w	ile Cot While of fa	ACE AF IJJURY (Home, far ctar): treet office bldg etc	Nota	nacciden
saw the	ify that (I) (this hespital) att	ended the deceased from 1967, and th	of death occurred o		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
22a. SIGNATUR	1/Kas (29	Entry M.D.	A.D. ATTENDING PHYS. 22d. ADDRESS	MED. STAFF DIRECTOR PHYS.	226: DATUSIGNED /67
22c. PHYSICIAN NAME (Typ	6 / Thomas C. Ge		Ew	ell, Smith Is	
23a. BURIAL, CREMAT BURIAL (Speci	May 18, 196		ry	Ewell, Som	erset, Md.
24. FUNERAL DIRECT	& Sons, Crisfiel	ADDRESS d. Md.	DATIVIA		REGISTRAR'S SIGNATURE

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled i director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon paper shauld be filed with the State Dept. at Health prior ta burial, crematian, ar removal, and in any event, within 72 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that Page 4 may be retained by the haspital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 97243 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Somerset Marvland MARYLAND Somerset b. CITY OR TOWN (If outside carparote limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) Crisfield days d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? McCready Memorial Hospital 12 Pear Street YES NO TO 3 NAME OF Middle 4. DATE Manth DECEASED (Type or print) Collins OF May Mannie R. 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS NEVER MARRIED 85 birthday) Female Manths Davs Haurs Mar. 9, 1882 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT NODE COUNTRY? Laurel, Del. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Arthur Record Hettie Gray IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, or unknown) (If yes give war or dates af service) Franklin L. Collins. Same as 2. abcd 215-05-4418 18. CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) untersono Canditians, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (State) Nat While factory, street, affice blda., etc.) 21. I certify that (I) (this haspital) attended the deceased fram_ , 19___, that (1) (we) last 19 and that death accurred at 12; 4 M, fram causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Crisfield, Maryland G. Rawley, M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) Bur 18 (Specify) May 19, 1967 Sunnyridge Cemetery Crisfield, Md. 24. FUNERAL DIRECTOR

ician and completely filled in by the Lun lease remove corbon popers. Pages I and in ony event, within 72 hours ofter o within The law requires that the death certificate be executed cremotion, or removal, be retoined by the hospital or ottending as the has been Stote Dept. of Heolth this certificate OR ATTENDING PHYSICIAN: **DIRECTOR:** After should director, page 3 should be filed v O FUNERAL

Bradshaw & Sons, Criafield, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	97244			CERTIFI	CATE	OF DEATH			1222	
	LACE OF DEATH . COUNTY	Somerset		MARYL	AND	2 USUAL RESIDENCE (W	there deceased lived	P CULINIA	nce befare admission) merset	
b	CITY OR TOWN (II write RURAL and	give gagrest tawn)	S,	c LENGTH OF STAY IN	16	c CITY OR TOWN (If out	•	s, write RURAL and gi	1	
d	NAME OF HOSPITA	Cedar Gr				d STREET ADDRESS Ceda	r Grove	Farm	e iš reš denč On a farm: Yes 💢 No	2
DI	AME OF ECEASED (ype or print)		rst IARD	Middle L. C.		Lost LONG	4. DATE OF DEATH	Manth May	Day Year 21, 19 67	
s se	ile	6 COLOR OR RACE White	7 MARRIED WIDOWED	NEVER MARRIED DIVORCED		B DATE OF BIRTH Oct 27, 1877	9 AGE (1 89 last b	In years IF UNDER Manths yrs.		HRS lan.
dytend	ig most of working l	(Give kind af wark dane ife, even if retired)		ND OF BUSINESS OR DUSTRY DET TIME		Marion, M 14 MOTHER'S MAIDEN N	id.	untry) 12 (IT ZEN OF WHAT OUNTRY? JSA	
A1	father s name Lexander				1	Georgiann				
No.	WAS DECEASED EVE , na, ar unknawn))	R IN U.S. ARMED FORCES? (If yes give war ar dates on None	of service)	SOCIAL SECURITY NO.		nformant rs. Eva Brow	m Long,	Address Same 4.5 2.		
	Canditions, if any, rise to immediate stating the under last.	e cause (a), lying cause	(a) Pay TO Char (b) TO	stury of ta. aste		recting anew			INTERVAL BETWEE ONSET AND OFATI	H
CATION	PART II. OTHER SIG	GNIFICANT CONDITIONS C				THE TERMINAL DISEASE CON			PERFORMED?	四
E		UNDERLYING (1) CAUSE OF DEATH MEDICAL EXAMINER)	205. DE	SCRIBE HOW INJURY OC	CURRED.	(Enter nature of injury in l	Part I ar Part II af it	tem 18.)		
MEDICAL	20c. TIME OF INJU Haur a.n p.n	10	20d. IN While at wark	Nat While		CE OF INJURY (Hame farm ary, street, affice bldg., etc.)			aunty) (Stat-	0)
	saw the de	fy that (I) (this has eceased alive an_	spital) attend	ded the deceased to 19 <u>67</u> , a	from_ nd tha	t death accurred at	9.5 4 , to 201 13 4 2 M , tran	n causes and an		las bave
	22a. SIGNATURE	a.n.	Basel	m &	M.			STAFF PHYS. \Box 226.	DATE SIGNED	
	22c. PHYSICIAN'S NAME (Type)	A. N. 1.	BARH				FIELD		21217	
	BUR AL, CREMATIC REMOVAL (Specify 17181		1967	23c NAME OF CEMEN		emetery		eld, Md.	(Caunty) (State)
	FUNERAL DIRECTO	k Sons, Cri	sfield	ADDRESS Md.		DATE DATE	BY REGISTRAR 196	25b. REGISTRARY	SIGNATURE	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funder director, page 3 should be detoched for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 brides should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours ofter death

OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours often

Poge 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66



FOR STATE HEALTH DEPT.

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ARE ALXAMINER: This certificate slould be executed within 24 hours after death. If any delay sessary, executed in Item 18. Give Pages 1, 2, and 3 to the funeral page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be State Department hours after death. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, File pages 1 and 2 with the of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 22 director. Page 4 should retained for your files. please execuit TO DEPUTY ME

> VR AISME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

-	GCC TO MEDICAL EXAMINER 2	GERTIFICATE	OF DEATH	417223
1.	PLACE DF DEATH a. COUNTY		E (Where deceased lived, If instituti	on: Residence before admission)
		a. STATE	b. COUNTY	
-	Somerset, MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b	larvia	nd Somer: outsida corporata limits, write R	cet
	write RURAL and give nearest town)	C. CITY OR TOWN (IF	outsida corporata limits, write R	URAL and give hearest town)
	Polk's Road, "d, Life	Polks R	oad, Ild	1 %
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospita., give street address)	d. STREET ADDRESS	-	8. IS RESIDENCE ON A FARM?
				YES NO
3.	NAME DF First Middle DECEASED	Last	4. DATE Month	Day Year
	(Type or print) Emma K. II	ut er	OF DEATH 5	27 1957
5.	SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF U	DER 1 YEAR IF UNDER 24 HRS
	F COL WIDOWED DIVORCED	. 0 700	last birthday) Mon	ths Days Hours Min.
104	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	Apr 8.187	2 OS yrs.	2. CITIZEN OF WHAT
dui	ing most of working life, even if retired) INDUSTRY		7.7	COUNTRY?
12	liousewife none none	Somerse	t County, id	USA
1	FAILER & MAIRE			
	James King	Ten	nesee Black	
(Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
	no 213-16-729L	Erma Bail	er tolks Road	".d.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Comebral thr	ohbosia		ONSET AND DEATH
	V	UMULTER		12 14 14
	conditions, if any, which DUE TO cerebral art	eriosclero	នំាំន	Orne
	gave risa to immediate (
	cause (a), stating the DUE TO			
	undarlying causa last. (c)			
Ę.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELA	ATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
12	hypertension			YES NO
1	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCI	URRED. (Enter natura of	injury in Part 1 or Part 11 of Its	m 18.)
MEDICAL CERTIFICATION	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.			
AL (ICE OF INJURY (Homa, fa		(County) (State)
12	Hour a.m. While - Not While - facto	ory, street, office bldg., et	c.)	
×	p.m. 19 at work at work			
	21. I certify that I took charge of the remains described above, he	id an Autopsy [],	Inspection , inquiry	, and In my opinion
	death resulted from: Natural causes . Accident . , Su	icide 🔲, Homicio	le 💹, Undetermined mar	nner
	7 horrest itt	() CHIEF MEDICAL	EXAMINER	
	SIGNATURE CONTROL CONT	M U.	ICAL EXAMINER	22. DATE SIGNED
	EXAMINER'S TOTAL CONTROL OF THE CONT	DEPUTY MEDIC	AL EXAMINER 💂	5-31-67
	NAME (Type) Everett Sutter!D	Address (Street	, city, town, or county)	D-27-01
232	BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETER'	Y OR CREMATORY	23d. LOCATION (City, town o	or county) (Stata)
	F 20 67	oad	Police Rd	Somonwot A
24	. FUNERAL DIRECTOR ADDRESS	25a. REC	D BY REGISTRAR 250. REGIS	TRAR'S SIGNATURE
	Wilde b West, Saliebery, Md.	DATEJU	N 5 1967 gcc	contag Judges
[DAILOG	//	



MARYLAND STATE DEPARTMENT OF HEALTH

	DIAISION OF AUT	IL RELUKDS, 301 W. PRESTU		KE, MAKTLAND ZIZUI	
	07246	CERTIFICATE			07224
1. P	LACE OF DEATH		2. USUAL RESIDENCE (W	there deceased lived, if institu-	it on Residence before admission)
	Somerset	MARYLAND	Mar	yland	Somerset
b	CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If out	tside corporate limits, write RI	URAL and give nearest town)
	Crisfield	7 Days	Cris	field	19.1
d	NAME OF HOSPITAL OR INSTITUTION (If not in hospi	tol, give street oddress)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
	cCready Memorial Ho	spital	113 Ma	riners Road	YES NO 18
3 N	IAME OF First	Middle	Last	4 DATE Mor	nth Day Year
Ü	Type or print) Cecie	Mae	Outteno	DEATH May	21 19 67
S. S			DATE OF BIRTH	9. AGE (In years last birthday)	Months Doys Hours Mit
			Sept. 12,1	0941 16 yrs	
Юо Фигм	USUAL OCCUPATION (Give kind of work done 1D or most of working life, even if retired)	6 KIND OF BUSINESS OR INDUSTRY	Worceste	State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
	g most of working life, even if retired) IOU SEWITE		Manyland		COUNTRY? U.S.A.
	FATHER'S NAME		14 MOTHER'S MAIDEN N	AME	
	evin Phillips			known	
(Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? , no, or unknown) ((If yes give wor or dates of service)		NFORMANT	Add	
`		218-05-8483 Mr	s Betty R	iggin, Cris	
H	18. CAUSE OF DEATH (Enter only one couse per line PARY I DEATH WAS CAUSED BY	- 1 " 1 " Y	11		INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o)/_	opin Myor	sortes.		- Change
1	Conditions, if ony, which gove) DUE TO	1 / 200	A A		-1
	rise to immediate cause (a), (ereland 1111	testens		mo.
	lost. (c)	arcinome of		idney	18 mm.
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NG TO DEATH BUT NOT RELATED TO	HE TERMINĀL DISEASE CON	DITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	200. ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED (Enter noture of 'njury in f	Part I or Port II of Item 18)	
MEDICAL	Hour am		E OF INJURY (Home, form pry, street, office bldg., etc.)		(County) (State
ľ	21. I certify that (I) (this haspital) at	tended the deceased fram	nn 1	9 65, to May	21_, 1967, that (I) (we)
	saw the deceased alive an 5/21	_/67_19, and that	death accurred at	8:05M, fram causes	
	22o. SIGNATURE		ATTENDING	MED STAFF	22b DATE SIGNED
	CIM. Barel	M.D	PHYS LZE	DIRECTOR L. PHYS. L	1 3/22/6/
	22c. PHYSICIAN'S NAME (Type) A. N. Barr	, M.D.	22d, ADDRESS	Crisfield,	Maryland
230	BUR AL, CREMAT ON, 23b. DATE THEREOF	23c NAME OF CEMETERY OR	RAMATER X	23d LOCATION (City or T	own) (County) (State)
	BMY4(8911/1) 5-24-1967	First Bapt	ist	Pocomoke C	ity, Wor. Md.
24	FUNFRAL DIRECTOR	ADDRESS Pocomoke City,	250 REC'D	By REGISTRAR 256 256	REGISTRAR SAIGNATURE
1	Robert H. Watson	2 2 2 2 2 2 2 2 2 3			W
	Moner L L. Marson				

TO HOSPITAL OR ATTENDING PHYSICIAN; The law requies that the leath certificate be executed within 24 haurs after leath.

Page 4 may be retained by the haspital ar attending physician.

VR A15 25M 1/

death.

7:77

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

97248 CERTIFICATE OF DEATH

Reg. Dist. No.

07227

	o. county Some	rset		MARYL	AND	· Maryla	ind	b. COUNTY	Som		et
	b. CITY OR TOWN (III RURAL and give ne	outside corporate limi	ts, write	c. LENGTH OF STAY II	N 16	c CITY OR TOWN	(If outside corpo	orote limits, write R	URAL ond g	ive nec	irest tawn)
	Wenona			lifetime		Wenona					1:1
	d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, g	ive street	address)		d. STREET ADDRESS	S				e. IS RESIDENCE ON A FARM?
1		at home			i	Main ro	ad				YES NO
1	NAME OF DECEASED	Fic	st	Middle		Lost	4. DATE	Мол	th	Do	
. <i>D</i>	(Type or print)	Evel	yn			Taylor	DEATH	May		1	1967
5.	SÉX	6. COLOR OR RACE	7 MARI	RIED (NEVER MARRIE	8. 1	DATE OF BIRTH		9. AGE (In years last birthday)			IF UNDER 24 HRS
	F	W	WIDOWI		_	May 12,		51 yrs.	Months	Days	Hours Min.
100	. USUAL OCCUPATIO	N (Give kind of work of ing life, even if retired)	lane 10b.	KIND OF BUSINESS OR	INDUSTR	11. BIRTHPLACE (S	tole or foreign o	country)	12 CITI	ZEN O	F WHAT COUNTRY
	househo.			household		Marylar	nd		US.	A	
13.	FATHER'S NAME					4. MOTHER'S MAIDE	EN NAME				
	Will	Liam Stin	е			Mary V	Abbo	ott			
15. IY	WAS DECEASED EVE	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFO	RMANT		Addr	e11		
L	no			lknown	Joh	n Taylor	Pa.	Weno	na, I	Md.	
	18. CAUSE OF DEA	TH [Enter anly ane co	use per Jiji	ne for (o), (b), and (c).]							RVAL BETWEEN
	PART 1. DEA	TH WAS CAUSED BY:	(arrin	1500	and of	A m	nenec	1	LONS	EVAND DEATH
	157X	DUE TO				</td <td>V</td> <td></td> <td>7.3</td> <td>-</td> <td></td>	V		7.3	-	
	Conditions, if ar	ry, which) (b)				75					
	gove rise to in couse (a), stating (nmediate (1	
	lying couse last.	le fuides	1								
ž	PART II. OTH	ER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 1	9. WAS AUTOPSY
CERTIFICATION											PERFORMEDP YES NO.
TIFE	200. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (Enter nature of injury	in Port I ar Par	rt II of item 18.)			
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)									
WEETCAL	20c. TIME OF INJURY	Month, Day, Yea	1		20e. PLACE	OF INJURY (Home, I	form, 20f. (Cit	y ar town)	(C	ounty)	(Stole)
1	Hour a. j., p. m.	19	While at wor	k at work	TOCTOR	r, street, office bldg.,	erc.)				
	21. I certify the	at I attended the	deceas	ed from 195	-6	. 19 . to	may	1, 190	/sh-s		w the decease
	alive on W	100	19 (death or	curred at //	1	m the causes a			
	7	フォー		1		corred at 7/_		itreet, city or town,		e aai	DATE SIGNE
	ACTUAL SIGNATURE	un not		With n	4		·			5.	3-67
,	61	reser,		Color Color	M.E	•					· · · · · · · · · · · · · · · · · · ·
	PHYSICIAN'S NAME (Type)	Everett	Sutt	cer MD		Dames Qu	larter	Some	rset	Co	MD
220	BURIAL, CREMATION	N, 226. DATE THEREO	F	22C NAME OF CEMET	ERY OR C	REMATORY	22d. LOCA	TION (City, town, o	or county)		(State)
L	Burial	May 4.	<u> 1967</u>		s Ce	metery	Wend	ona	M	ary	land
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			REC'D BY REGIS	1):74.	TRAR'S SIG		E MARIE
	horra (varies	V	Princess	Anne	Md . DA	AY 5	1967		0	0



Na sala

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07249

CERTIFICATE OF DEATH

					11/7	178
1. PLACE OF DEATH				Where deceosed lived, if institu		ore odmission)
o. COUNTY Somer	got	MARYLAN	o. STATE Mar	vland b. cou		erset
b. CITY OR TOWN (If outside corporate		C. LENGTH OF STAY IN 15		y LCC 11CC utside corporate limits, write RU		
write RURAL and give nearest tow			, ,		The one give near	- FP /
Crisfield	100 12 1 21	8 days		lltown		1 DEFENDANCE
d. NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
McCready Memor	ial Hosp	pital	Rura	L		YES NO
3. NAME OF DECEASED	First	Middle	Toupet	4. DATE Mon		oy Year 1967
(Type or print) 5. SEX 6. COLOR OR RA	Helen Œ 7. MARRIED	T NEVER MARRIED F	B. DATE OF BIRTH	0 405 ()	IF UNDER 1 YEAR	
Female White		NEVER MARRIED DIVORCED		392 75 lost birthday)	Months Days	
Oo. USUAL OCCUPATION (Give kind of work	done 10b, K	IND OF BUSINESS OR	11. BIRTHPLACE (Count	& State, or foreign country)	12. CITIZEN	OF WHAT
during most of working life, even if retired) HOUSEWII •	10	DUSTRY None	Philadelp	hia, Penna	USA	17
13. FATHER'S NAME			14. MOTHER'S MAIDEN		0.241	
Joseph Johnston	Con		Nellie Wa			
IS. WAS DECEASED EVER IN U.S. ARMED FO		SOCIAL SECURITY NO.	17. INFORMANT			
(Yes, no, or unknown) (If yes give wor or not	dotes of service)			Addr		
No None		None	Joseph Johnst	on, Same as 2.	abcd	
18. CAUSE OF DEATH (Enter only o		(o), (b), and (c).)	A 1			NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY		andrac (Jailure		0	DNSET AND DEATH
4200	DUE TO	0	- 0			. /
Conditions, if ony, which gove	(b)	enal C	ollapse		4	Sclans
rise to immediate couse (a), { stating the underlying couse {	DUE TO A A	1 1	1			
last.	(1) 920	reralized	HSHD			5 years
PART II. OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING	TO DEATH RUT NOT DELATED	TO THE TERMINAL DISEASE CO	NOTION CIVEN IN DART 1(a)	110	9. WAS AUTOPSY
200. ACCIDENT WAS UNDERLYING CONTROLLED UNITED TO DEATH OF CONTROLLED MODIFIED WEDIFIED STANDARD	OHS COMINIDONNO	DOT NOT KELATED	TO THE TERMINAL PISCASE CO	ADTION OFTEN IN PART I(0)		PERFORMED?
3	Low					YES NO
200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH	20b. Di	SCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Part I or Part II of item IB.)		
20c. TIME OF INJURY Month, Day, Y			PLACE OF INJURY (Home, for		(County)	(State)
₩ p.m.	19 While		foctory, street, office bldg., etc)		
21. I certify that (I) (this			m	19 . ta	19 1	that (I) (we) lo
saw the deceased alive of		. 19167 , and	that death accurred a	0:30 M, from causes	and on the dr	te stated abou
22o. SIGNAJURÍno	12	, , , , , , , , , , , , , , , , , , , ,		23.22.11, 110111 (00303	22b. DATE SIG	
A Calvin	Manto	mana	M.D. PHYS.	MED. STAFF DIRECTOR PHYS.	7 57	14/1/2
22c. PHYSICIAN'S	0	N.C. Ed	22d. ADDRESS	DIRECTOR LI PHYS. L	2	376
NAME (Type) H. C.	Kaufma	n, M.D.	Crisf	ield, Maryl	and	
DEMOVAL (Specific)	TE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City or To		ty) (Stote)
	5, 1967		eth. Cemetery	Rehobeth, M		
24. FUNERAL DIRECTOR		ADDRESS			EGISTRAR'S SIGNATU	
Bradshaw & Sons. (risfield.	Md.	MAY	1967 /	careles In	400

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave corbon papers. Pages 1 args should be filed with the State Dept. at Health prior ta burial, crematian, ar removal, and in any event, within 72 haurs after dept. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

AND THE CONTRACT OF THE CONTRA

7				
ry, please exe-	ge 4 should be		ial, crematian,	1
ter death. If any delay is necessal	and 3 to the funeral director, Page	be retained far your files.	nd 2 with the registrar price bur	1
I within 24 hours ofte	3. Give Pages 1, 2, o	PM3. Page 5 may b	mit. File poges 1 an	
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please exe-	viting the ward "pending" in pencil in Item 14	Medical Examiner's Office along with farm	TO FUNERAL DIREC. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar price burial, cremation,	
S TO DEPUTY MEDICAL	cute the certificate	farwarded to the	TO FUNERAL DIREC	Si servene
43	244	9/	44	9

97250

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 07229

a. COUNTY	Somerset	MARYLAND	O STATE THE	Where deceased lived. If Institution: Res	omerset
b. CITY OR TOWN (I and give negrest level	ouside corporate limits, write sus Dames Quart		-	founde corporate limits, write RURAL c	and give nearest town)
d. NAME OF HOSPIT	TAL OR INSTITUTION (If no	in hospital, give street address)	d. STREET ADDRESS		o, IS RESIDENCE ON A FARM?
Home			_		YES NO D
3. NAME OF DECEASED (Type or print)	First Richa	ard Author	White	4. DATE Month OF DEATH May 27	Day Year 19 67
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED		Incl highlight	ER TYEAR IF UNDER 24 HRS.
male	col w	DOWED DIVORCED	11-26-1907	60 yrs. Months	Days Hours Min.
during most of working	ON (Give kind of work done	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or fareign country) 12. C	ITIZEN OF WHAT COUNTRY
***	Nurseyman			Duarter Md	USA
George T	White		Tillie S	Fields	
			INFORMANT	Address	-
(and make of the control of the con	(ii jes, give was or quies or service	220-10-3261	Wife Pri	cilla Dames @	luarter. Md.
PART I, DEA	TH Enter only one couse po TH WAS CAUSED BY: IMMEDIATE CAUSE (a)		rrace		INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, If a gave rise to imme (a), stoting the cause lost. PART II, OTT	diste cause DUE TO (c)	Hypertensive ONS CONTRIBUTING TO DEATH BUT		ILAR disease INALDISEASE CONDITION GIVEN IN P.	PERFORMED?
20g. EXTERNAL CAL PRIMARY Or CO CAUSE OF DEATH.	NTRIBUTING 🗆	ESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Par	t t ar Part II of item 18.)	AE2 NO TO
20c. TIME OF INJU	RY Month, Day, Year	20d, INJURY OCCURRED 20e. PL While Nat while fac at work at work	ACE OF INJURY (Hame, farn trary, street, affice bldg., etc	20f. (City or town) (0	County) (State)
death resulted	From: Natural cau	Anthe	ove, held an Autaps vicide, HomicideM.D. CHIEF MEDICAL EX ASSISTANT MEDIC DEPUTY MEDICAL	MAMINER AL EXAMINER	DATE SIGNED
22a. BURIAL, CREMATIC REMOVAL (Specify)	ON, 226. DATE THEREOF	PutterMD 22c. NAME OF CEMETERY O		22d. LOCATION (City, town, or county	
Burisi 23. FUNERAL DIRECTOR	5-30-67	- Macedonia ADDRESS	240 950	Dames Quarter D BY REGISTRAR 246. REGISTRAR'S	
		incessAnne. Md	1 1114		4 0

